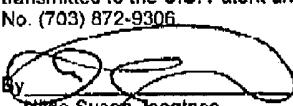
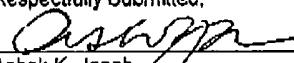


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Krogh Application No: 10/056,299 Confirmation No: 9769 Filed: 01/23/2002 For: CLEANING PROCESS RESIDUES ON A PROCESS CHAMBER COMPONENT	Group No: 1746 Examiner: Zeinab El Arini Attorney Docket No: 006371 USA/CPS/IBSS/LAP May 4, 2004 San Francisco, CA 94107				
VIA FACSIMILE (703) 872-9306 Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Term <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.138				
Papers Enclosed <input checked="" type="checkbox"/> Amendment and Marked Up Copy of Claims/Specification <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months) Extension Fee <input type="checkbox"/> One Month \$110 <input checked="" type="checkbox"/> Two Months \$420 <input type="checkbox"/> Three Months \$950 Total \$ 420.00 <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.				
Fees for Extra Claims Amendment Fee Calculation					
	Claims remaining after amendment Highest Number Previously Paid for Number Extra Rate Additional Fee				
Total Claims	12	12	0	\$18 0	
Independent Claims	3	3	0	\$86 0	
Multiple Dependent Claims				\$290 0	
Supplemental Information Disclosure Statement				\$180 0	
				Total 0	
Fee Payment		Fee Deficiency			
Extension Fees	\$420.00				<input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or
Fees for Extra Claims	\$0.00				<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u>
Total	\$420.00				
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge deposit account no. <u>10-0258</u> in the sum of \$420.00.		Please direct all telephone calls to: Ashok K. Janah et (415)538-1555			
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office via Fax No. (703) 872-9306 By  Shirley Susan Jaagnes		Please continue to send correspondence to: Applied Materials, Inc. Patent Department, M/S 2061 P.O. Box 450A Santa Clara, CA 95052			
Date <u>May 4, 2004</u>		Respectfully Submitted,  Ashok K. Janah Registration No. 37,487			
		Date <u>May 4, 2004</u>			